

### Consortium Member Identification Form and Cost Share Worksheet\*

Please indicate each member organization and its share of funds provided for each year of the proposed project. All projects must have at least one lead and one member organization.

**MEMBER #** \_\_\_\_\_  
(Please fill in the number from the  
List of Consortium Members Form;  
Member #1 is the Lead Organization)

**SIGNATURE** \_\_\_\_\_  
(Signature of Consortium Member Authorizing Official)

Consortium Member Contact \_\_\_\_\_  
Institution/Organization \_\_\_\_\_  
Department \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_  
Type of Institution/Organization (See 6A on the Title Page) \_\_\_\_\_

Cost Share Budget	YEAR 1	YEAR 2	YEAR 3	TOTAL
1. Salaries and Wages (Professional and Clerical)				
2. Employee Benefits				
3. Travel				
4. Equipment (Purchase or Lease)				
5. Materials and Supplies				
6. Consultants/ Contracts				
7. Other (Equipment Rental, printing, etc)				
<b>A. Total Direct Cost Share</b>				
<b>B. Total Indirect Cost Share (not to exceed 8% of Total Direct Cost Share)</b>				
<b>C. Total Costs A &amp; B</b>				

Please itemize each budget line item in the space below, or on an attachment. Please include your Member Number and Institution/Organization Name on all attachments.

\* Please complete a separate form for each of the consortium members.

ED-PT3-3